



NEW _____ RENEWAL _____

Year _____

Badge # _____

Date Issued _____

APPLICATION FOR MERCHANT SECURITY GUARD LICENSE

Name _____ DOB ____ / ____ / ____

Address _____ Phone (____) _____

Ks. D.L. Number _____ Expires ____ / ____ / ____ SSN _____

M ____ F ____ Weight _____ Height _____ Hair _____ Eyes _____

YOUR RECORDS WILL BE CHECKED!

FAILURE TO LIST FULL AND CORRECT INFORMATION WILL RESULT IN DENIAL OF THIS APPLICATION.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? Yes ☐ No ☐

If yes, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? Yes ☐ No ☐

If yes, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Where have you lived in the past five years?

YEAR	ADDRESS	CITY/STATE

I understand that my fingerprints must be on file with the Salina Police Department.

I understand that I may be eligible to receive a conditional permit good until my fingerprint background check returns from the State of Kansas. Once approved I must receive an ID card with a recent picture from the City Clerk's Department within 5 business days.

I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE SALINA CODE AND REGULATIONS RELATING TO THE OPERATION OF SUCH BUSINESS. I AGREE MY CONDITIONAL PERMIT AND/OR LICENSE MAY BE REVOKED OR SUSPENDED IF I AM FOUND TO HAVE VIOLATED SUCH REQUIREMENTS OR REGULATIONS OR IF I HAVE MISREPRESENTED ANY FACTS IN THIS APPLICATION.

Date

Signature

Company verification

I hereby verify that the above named person is applying for a merchant police permit for employment with the company listed above and that I have reviewed the applicants completed application form. It is consistent with information provided to us in our application process, and we support this application based on the information provided.

Date

Company representative

Fee paid \$ 50.00 Receipt No. _____ Date _____ Received by _____

Certificate of Police Department

I certify that I have reviewed this application and the applicant has met the qualifications necessary for a merchant security

Conditional Permit/ License (circle one).

Once the complete background check is back and the applicant is approved, the City Clerk's Office is to be notified.

APPROVED/ DISAPPROVED

Date

Police Department

**

Certificate of City Clerk

The application is APPROVED/DISAPPROVED

Date

City Clerk

Certificate of City Manager

If approved after appeal, City Manager signature required: _____

City Manager
